

## Authorization to Pick Up Child(ren)

**Date:** \_\_\_\_\_

**Name of parent completing this form:**

\_\_\_\_\_

**Child(ren)'s name(s):**

\_\_\_\_\_ Classroom \_\_\_\_\_

\_\_\_\_\_ Classroom \_\_\_\_\_

**Authorized dates for pick up (check one and fill in information):**

Listed Date Only - \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

\_\_\_\_\_ day through \_\_\_\_\_ day, \_\_\_\_\_ month \_\_\_\_\_ year **only**

Blanket authorization for school year 2015-2016

**\*Please list each individual separately.**

Full Name	Full Address On ID (including city, state and zip)	Relationship to Child	Phone Number (please specify cell, home, or work)
			<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
			<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
			<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work

\*Please be sure authorized persons bring in PHOTO ID to be verified with front desk and classroom teachers. We will NOT release children without ID, address on file, and prior authorization.

**I hereby authorize the above listed person(s) to pick up my child(ren) on the specified dates from The Frazer Center.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_